

Name _____	(Last Name)	(First Name)	(Middle Name)
Address _____ Apt: _____ City: _____ State: _____ Zip: _____			
Business Address: _____		Day Phone: _____	Night Phone: _____
Other Phone: _____	Date of Birth: _____	Age: _____	Sex: _____ Race: _____
(Pager, Cell, Relative)			
Best time and place to contact you: _____			
The complaint/compliment is about: _____			
(List officer or employee names, badge numbers or car numbers, if known)			
The incident occurred on: _____	(Day of the Week)	(Date)	at: _____ A.M. P. M. (Time)
This incident occurred at the following location: _____			
Briefly explain what happened: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
(Use additional sheets if necessary)			
Witness Name: _____	(Last, First, Middle)	Age: _____	Sex: _____ Race: _____
Day Phone: _____	Night Phone: _____	Other Phone: _____ (Pager, Cell, Relative)	
 I understand, and it is my desire, that this complaint will be investigated thoroughly and objectively. I further understand that if the investigation proves that I have knowingly made a false allegation, I may be liable to both criminal and civil prosecution. I also understand that in some cases I may be asked to submit to a polygraph examination as a part of this investigation.			
_____ Date	_____ Time	_____ Signature for Compliment and/or Complaint	
_____ Compliment/Complaint Received by	_____ Time	_____ Signature of Parent/Guardian (if under 17 years of age)	
 (Departmental Use Only)			
Investigators' Summary: _____			
Date Received: _____			
Initial Contact _____		Chief's Signature _____	
Control No: _____		Investigator's Signature _____	